

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-009925

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 296

FILED MAR 19 1962

1. PLACE OF DEATH

a. COUNTY

BUCHANAN

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. JOSEPH

Length of stay in 1b

4 MOS.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION MISSOURI METHODIST

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE IOWA b. COUNTY PAGE

c. CITY OR TOWN BRADYVILLE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

NONE IN TOWN

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HAROLD

OAKLEY

BRYSON

4. DATE OF DEATH

Month

Day

Year

MARCH

6,

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/15/1938

9. AGE (last birthday)

24

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY

OIL TRANSPORT

11. BIRTHPLACE (City and state or country)

CLEARMONT, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HAROLD T. BRYSON

13b. MOTHER'S MAIDEN NAME

ALYCE I. KINDER

14. NAME OF HUSBAND OR WIFE

KAREN FANN BRYSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS. KAREN BRYSON, CLARINDA, IA.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Septicemia

DUE TO (c)

3rd degree burns 60% of body

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Nov. 10, 1961

March 6, 1962

March 6, 1962

21. I attended the deceased from Nov. 10, 1961, to March 6, 1962, and last saw her alive on March 6, 1962. Death occurred at 8:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

- (Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

REM. & BUR.

MAR. 10, 1962

CLARINDA CEMETERY

CLARINDA,

IOWA

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

Mar. 14, 1962

Mar. Clark Handell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF
G. WILLMAN, M.D.
MEDICAL CERTIFICATIONVS 300
Rev. 4/59

15117

28140

3

4 0

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11 038

12 2-0

13 1-0

APR 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No.

4677

P. O. Address

St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.